

IOWA DEPARTMENT OF HUMAN SERVICES

The Iowa hawk-i Dental Plan

Covered Benefits

3/1/2010

The Iowa *hawk-i* Dental Plan

If you are enrolled in this Plan, you are entitled to the benefits described below.

Cost Sharing: There are no copayments, deductibles or other cost sharing for this plan.

Annual Benefit Limit: There is a \$1,000 benefit maximum per calendar year.

Exceptions to the \$1,000 annual benefit maximum will be based on medical necessity and a prior authorization is required. For dental services to be paid above the \$1,000 annual benefit maximum must allow a plan member to return to normal, pain and infection-free oral functioning. Typically this includes:

- Services related to the relief of significant pain or to eliminate acute infection;
- Services related to treat traumatic clinical conditions;
- Services that allow a patient to attain the basic human functions (e.g. eating, speech, etc.)
- Services that prevent a condition from seriously jeopardizing one's health/functioning or deteriorating in an imminent time frame to a more serious and costly dental problem.

Orthodontia Payment: Payment for medically necessary orthodontia services will be paid based on an approved treatment plan by the dental carrier and does not apply to the \$1,000 benefit maximum.

Dental Providers: Please contact the dental carrier for information for a listing of approved dental providers. Delta Dental of Iowa: 1-866-544-0178 or <http://www.deltadentalia.com/>

***hawk-i* Program:** For information on eligibility for the *hawk-i* program, call *hawk-i* customer services at 1-800-257-8563 or at www.hawk-i.org

Section 1 - Basic Services

The following is a list of services that are payable under the Iowa *hawk-i* Dental Plan. The list includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services.

Diagnostic and Treatment Services	
D0120	Periodic oral evaluation - Limited to 1 every 6 months
D0140	Limited oral evaluation - problem focused - Limited to 1 every 6 months
D0150	Comprehensive oral evaluation - Once per dentist in a three-year period when the recipient has not seen that dentist during the three years
D0180	Comprehensive periodontal evaluation - Once per dentist in a three-year period when the recipient has not seen that dentist during the three years
D0210	Intraoral – complete series (including bitewings) 1 every 60 (sixty) months
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical - each additional film
D0240	Intraoral - occlusal film
D0270	Bitewing - single film - Children - 1 set every 12 months; 2 sets for “At High Risk” Children*
D0272	Bitewings - two films - Children - 1 set every 12 months; 2 sets for “At High Risk” Children*
D0274	Bitewings - four films - Children - 1 set every 12 months; 2 sets for “At High Risk” Children*
D0277	Vertical bitewings – 7 to 8 films – Children - 1 set every 12 months; 2 sets for “At High Risk” Children*
D0277	Vertical bitewings – 7 to 8 films – Children - 1 set every 12 months; 2 sets for “At High Risk” Children*
D0330	Panoramic film – 1 film every 60 (sixty) months
Preventive Services	
D1120	Prophylaxis – Child - Limited to 1 every 6 months
D1203	Topical application of fluoride (excluding prophylaxis) – Limited to 2 every 12 months; additional application for “At High Risk” Children*
D1204	Topical application of fluoride (excluding prophylaxis) – Age 15 to 18 - 2 every 12 months; additional applications for “At High Risk” Children*
D1206	Topical fluoride varnish - Less than age 19 - 2 in 12 months; additional application for “At High Risk” Children*
D1351	Sealant - per tooth - unrestored permanent molars - Less than age 18. 1 sealant per tooth every 36 months
D1510	Space maintainer – fixed – unilateral -- Limited to children under age 19
D1515	Space maintainer – fixed – bilateral -- Limited to children under age 19
D1520	Space maintainer - removable – unilateral -- Limited to children under age 19
D1525	Space maintainer - removable – bilateral -- Limited to children under age 19
D1550	Re-cementation of space maintainer -- Limited to children under age 19
Additional Procedures covered as Basic Services	
D9110	Palliative treatment of dental pain – minor procedure

* “At Risk” Children –as documented by provider using caries risk assessment form

Section 2 - Intermediate Services

The following is a list of services that are payable under the Iowa *hawk-i* Dental Plan. The list includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services.

Minor Restorative Services	
D2140 Amalgam - one surface, primary or permanent	
D2150 Amalgam - two surfaces, primary or permanent	
D2160 Amalgam - three surfaces, primary or permanent	
D2161 Amalgam - four or more surfaces, primary or permanent	
D2330 Resin-based composite - one surface, anterior	
D2331 Resin-based composite - two surfaces, anterior	
D2332 Resin-based composite - three surfaces,	
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	
D2910 Re-cement inlay	
D2920 Re-cement crown	
D2930 Prefabricated stainless steel crown - primary tooth – Limited to 1 per tooth in 60 months	
D2931 Prefabricated stainless steel crown - permanent tooth - Limited to 1per tooth in 60 months	
D2951 Pin retention - per tooth, in addition to restoration	
Endodontic Services	
D3220 Therapeutic pulpotomy (excluding final restoration) - If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.	
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.	
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.	
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth excluding final restoration). Incomplete endodontic treatment when you discontinue treatment. - Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.	
Periodontal Services	
D4341 Periodontal scaling and root planning-four or more teeth per quadrant – Limited to 1 every 24 months	
D4342 Periodontal scaling and root planning-one to three teeth, per quadrant – Limited to 1 every 24 months	
D4910 Periodontal maintenance – 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy	
Prosthodontic Services	
D5410 Adjust complete denture – maxillary	
D5411 Adjust complete denture – mandibular	
D5421 Adjust partial denture – maxillary	
D5422 Adjust partial denture - mandibular	
D5510 Repair broken complete denture base	
D5520 Replace missing or broken teeth - complete denture (each tooth)	
D5610 Repair resin denture base	
D5620 Repair cast framework	

D5630 Repair or replace broken clasp
D5640 Replace broken teeth - per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture
D5710 Rebase complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5720 Rebase maxillary partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5721 Rebase mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5730 Reline complete maxillary denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5731 Reline complete mandibular denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5740 Reline maxillary partial denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5741 Reline mandibular partial denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5750 Reline complete maxillary denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5751 Reline complete mandibular denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5760 Reline maxillary partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5761 Reline mandibular partial denture (laboratory) Rebase/Reline - Limited to 1 in a 36-month period 6 months after the initial installation.
D5850 Tissue conditioning (maxillary)
D5851 Tissue conditioning (mandibular)
D6930 Recement fixed partial denture
D6980 Fixed partial denture repair, by report
Oral Surgery
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220 Removal of impacted tooth - soft tissue
D7230 Removal of impacted tooth – partially bony
D7240 Removal of impacted tooth - completely bony
D7241 Removal of impacted tooth - completely bony with unusual surgical complications
D7250 Surgical removal of residual tooth roots (cutting procedure)
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Surgical access of an unerupted tooth
D7310 Alveoloplasty in conjunction with extractions/quadrant
D7311 Alveoloplasty in conjunction with extractions-1-3 teeth or tooth spaces/quadrant
D7320 Alveoloplasty not in conjunction with extractions - per quadrant
D7321 Alveoloplasty not in conjunction with extractions-1-3 three teeth or tooth spaces/quadrant
D7471 Removal of exostosis
D7510 Incision and drainage of abscess - intraoral soft tissue
D7910 Suture of recent small wounds up to 5 cm
D7971 Excision of pericoronal gingiva

Section 3 - Major Services

The following is a list of services that are payable under the Iowa *hawk-i* Dental Plan. The list includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services.

Major Restorative Services	
D0160	Detailed and extensive oral evaluation - problem focused, by report
D2510	Inlay - metallic – one surface – An alternate benefit will be provided
D2520	Inlay - metallic – two surfaces – An alternate benefit will be provided
D2530	Inlay - metallic – three surfaces – An alternate benefit will be provided
D2542	Onlay - metallic - two surfaces – Limited to 1 per tooth every 60 months
D2543	Onlay - metallic - three surfaces – Limited to 1 per tooth every 60 months
D2544	Onlay - metallic - four or more surfaces – Limited to 1 per tooth every 60 months
D2740	Crown - porcelain/ceramic substrate - Limited to 1 per tooth every 60 months
D2750	Crown - porcelain fused to high noble metal - Limited to 1 per tooth every 60 months
D2751	Crown - porcelain fused to predominately base metal – Limited to 1 per tooth every 60 months
D2752	Crown - porcelain fused to noble metal – Limited to 1 per tooth every 60 months
D2780	Crown - 3/4 cast high noble metal – Limited to 1 per tooth every 60 months
D2781	Crown - 3/4 cast predominately base metal – Limited to 1 per tooth every 60 months
D2783	Crown - 3/4 porcelain/ceramic– Limited to 1 per tooth every 60 months
D2790	Crown - full cast high noble metal– Limited to 1 per tooth every 60 months
D2791	Crown - full cast predominately base metal – Limited to 1 per tooth every 60 months
D2792	Crown - full cast noble metal– Limited to 1 per tooth every 60 months
D2794	Crown – titanium– Limited to 1 per tooth every 60 months
D2950	Core buildup, including any pins– Limited to 1 per tooth every 60 months
D2954	Prefabricated post and core, in addition to crown– Limited to 1 per tooth every 60 months
D2980	Crown repair, by report
Endodontic Services	
D3310	Anterior root canal (excluding final restoration)
D3320	Bicuspid root canal (excluding final restoration)
D3330	Molar root canal (excluding final restoration)
D3346	Retreatment of previous root canal therapy-anterior
D3347	Retreatment of previous root canal therapy-bicuspid
D3348	Retreatment of previous root canal therapy-molar
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353	Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3410	Apicoectomy/periradicular surgery - anterior
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	Apicoectomy/periradicular surgery - molar (first root)
D3426	Apicoectomy/periradicular surgery (each additional root)
D3450	Root amputation - per root
D3920	Hemisection (including any root removal) - not including root canal therapy
Periodontal Services	

D4210 Gingivectomy or gingivoplasty – four or more teeth Limited to 1 every 36 months
D4211 Gingivectomy or gingivoplasty – one to three teeth
D4240 Gingival flap procedure, four or more teeth – Limited to 1 every 36 months
D4249 Clinical crown lengthening-hard tissue
D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4270 Pedicle soft tissue graft procedure
D4271 Free soft tissue graft procedure (including donor site surgery)
D4273 Subepithelial connective tissue graft procedures (including donor site surgery)
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis – Limited to 1 per lifetime
Prosthodontic Services
D5110 Complete denture - maxillary – Limited to 1 every 60 months
D5120 Complete denture - mandibular – Limited to 1 every 60 months
D5130 Immediate denture - maxillary – Limited to 1 every 60 months
D5140 Immediate denture - mandibular – Limited to 1 every 60 months
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)– Limited to 1 every 60 months
D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) – Limited to 1 every 60 months
D6241 Pontic - porcelain fused to predominately base metal – Limited to 1 every 60 months
D6242 Pontic - porcelain fused to noble metal – Limited to 1 every 60 months
D6245 Pontic - porcelain/ceramic – Limited to 1 every 60 months
D6519 Inlay/onlay – porcelain/ceramic – Limited to 1 every 60 months
D6520 Inlay – metallic – two surfaces – Limited to 1 every 60 months
D6530 Inlay – metallic – three or more surfaces 1 every 60 months
D6543 Onlay – metallic – three surfaces 1 every 60 months
D6544 Onlay – metallic – four or more surfaces 1 every 60 months
D6545 Retainer - cast metal for resin bonded fixed prosthesis -1 every 60 months
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis -1 every 60 months
D6740 Crown - porcelain/ceramic -1 every 60 months
D6750 Crown - porcelain fused to high noble metal - 1 every 60 months
D6751 Crown - porcelain fused to predominately base metal - 1 every 60 months
D6752 Crown - porcelain fused to noble metal - 1 every 60 months
D6780 Crown - 3/4 cast high noble metal - 1 every 60 months
D6781 Crown - 3/4 cast predominately base metal - 1 every 60 months
D6782 Crown - 3/4 cast noble metal - 1 every 60 months
D6783 Crown - 3/4 porcelain/ceramic - 1 every 60 months
D6790 Crown - full cast high noble metal - 1 every 60 months
D6791 Crown - full cast predominately base metal - 1 every 60 months
D6792 Crown - full cast noble metal - 1 every 60 months
D6973 Core buildup for retainer, including any pins - 1 every 60 months
D9940 Occlusal guard, by report - 1 in 12 months for patients 13 and older

Section 4 - Orthodontic Coverage

Orthodontic procedures require prior approval. Orthodontia procedures will be approved for handicapping malocclusions only. A “handicapping” malocclusion is a condition that constitutes a hazard to the maintenance of oral health and interferes with the well-being of the recipient by causing:

- Impaired mastication,
- Dysfunction of the temporo-mandibular articulation,
- Susceptibility to periodontal disease,
- Susceptibility to dental caries, and
- Impaired speech due to malpositions of the teeth.

Assessment of the most handicapping malocclusion is determined by the magnitude of the following variables: degree of malalignment, missing teeth, angle classification, overjet and overbite, open bite, and crossbite. A Salzman Index score of 26 or greater will be used as criteria for “medically necessary” benefits.

Approval for treatment will be assessed in a manner consistent with “Handicapping Malocclusion Assessment to Establish Treatment Priority,” by J. A. Salzmann, DDS, American Journal of Orthodontics, October 1968.

A request for prior approval shall be accompanied by documentation as directed by the dental plan to substantiate medically necessary orthodontic benefits.

Post treatment records may be furnished upon request. Approval may be made a complete comprehensive case of active orthodontic treatment. Additional consideration for extenuated cases may be approved by the dental plan’s orthodontic consultant if found to be medically necessary.

Minor Treatment To Control Harmful Habits

D8210 Removable appliance therapy. Requires prior authorization.

D8220 Fixed appliance therapy. Requires prior authorization.

Comprehensive Orthodontic Treatment Of Permanent Dentition/Transitional Dentition

These procedures require prior authorization. Orthodontia procedures will be approved for documentation as directed by the dental plan to substantiate medically necessary orthodontic benefits.

Code Procedure Comment
D0140 Limited Oral Evaluation
D8070* Comprehensive treatment of transitional dentition
D8080* Construct and place maxillary or mandibular appliance with retainer & active treatment
D8210 Removable Appliance Therapy
D8220 Fixed Appliance Therapy
D8660 Pre-ortho visit/records
D8680 Orthodontic retention
D8690 Active treatment transfers . Use when recipient transfers from one provider to another.
D8999 Unspecified orthodontic procedure

Section 5 – Services Not Covered

The following is a list of services that are *not payable* under the Iowa ***hawk-i*** Dental Plan.

Please Note: Even if a service is not specifically listed as an exclusion, it may not be covered under this plan. Contact the dental carrier if you are unsure a certain service is covered.

Services Not Covered
D0320 TMJ arthrogram
D0321 Other TMJ films
D0322 Tomographic survey
D0360 Cone Beam CT
D0362 Cone Beam multiple images 2 dim.
D0363 Cone Beam multiple images 3 dim.
D0416 Viral culture
D0418 Analysis of saliva example chemical or biological analysis of saliva for disagnostic purposes.
D0425 Caries test
D0431 Adjunctive pre-diagnostic test
D0475 Declassification procedure
D0476 Special stains for microorganisms
D0477 Special stains not for microorganisms
D0478 Immunohistochemical stains
D0479 Tissue in-situ-hybridization
D0481 Electron microscopy
D0482 Direct immunofluorescence
D0483 In-direct immunofluorescence
D0484 Consultation on slides prepared elsewhere
D0485 Consultation including preparation of slides
D0486 Brush biopsy sample
D1310 Nutritional counseling
D1320 Tobacco counseling
D1330 Oral Hygiene Instruction
D1555 Removal of fixed space maintainer
D7292 Surgical replacement screw retained
D7293 Surgical replacement w/surgical flap
D7294 Surgical replacement without the surgical flap
D7880 TMJ Appliance
D7899 TMJ Therapy
D7997 Appliance Removal
D7998 Intraoral placement of a fixation device
D2410 Gold Foil 1 surface
D2420 Gold Foil 2 surface
D2430 Gold Foil 3 surface
D2799 Provisional Crown
D2955 Post Removal
D2970 Temporary Crown
D2975 Coping
D3460 Endodontic Implant

D3470 Intentional reimplantation
D3910 Surgical procedure for isolation of tooth
D3950 Canal preparation
D4230 Anatomical crown exposure 4 or more teeth
D4231 Anatomical crown exposure 1-3 teeth
D4320 Splinting intracoronal
D4321 Splinting extracoronal
D5810 Complete denture upper (interim)
D5811 Complete denture lower (interim)
D5820 Partial denture upper (interim)
D5821 Partial denture lower (interim)
D5862 Precision Attachment
D5867 Replacement Precision Attachment
D5986 Fluoride Gel Carrier
D6057 Custom abutment
D6253 Provisional Pontic
D6920 Connector bar
D6940 Stress breaker
D6950 Precision Attachment
D6975 Coping – metal
D9210 Local Anesthesia not in conjunction with operative or surgical procedures
D9211 Regional Block Anesthesia
D9212 Trigeminal Division Block Anesthesia
D9215 Local Anesthesia
D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
D9248 Non-intravenous conscious sedation
D9410 House / extended care facility call
D9420 Hospital Call
D9450 Case presentation
D9630 Other drugs and or medicaments
D9920 Behavior Management
D9941 Fabrication of athletic mouthguard
D9950 Occlusion analysis - mounted case
D9951 Occlusal adjustment - limited
D9952 Occlusal adjustment - complete
D9970 Enamel microabrasion
D9971 Odontoplasty 1-2 teeth
D9972 External bleaching - per arch
D9973 External bleaching - per tooth
D9974 Internal bleaching - per tooth
D0310 Sialography
D0472 Oral Pathology lab
D0473 Oral Pathology lab
D0474 Oral Pathology lab
D0480 Oral Pathology lab
D0502 Oral Pathology lab
D5911 Facial Moulage (sectional)
D5912 Facial Moulage (complete)

D5913 Nasal Prosthesis
D5914 Auricular Prosthesis
D5915 Orbital Prosthesis
D5916 Ocular Prosthesis
D5919 Facial Prosthesis
D5922 Nasal Septal Prosthesis
D5923 Ocular Prosthesis (interim)
D5924 Cranial Prosthesis
D5925 Facial Augmentation implant
D5926 Nasal Prosthesis (replacement)
D5927 Auricular Prosthesis (replacement)
D5928 Orbital Prosthesis (replacement)
D5929 Facial Prosthesis (replacement)
D5931 Obturator Prosthesis (surgical)
D5932 Obturator Prosthesis (definitive)
D5933 Obturator Prosthesis (modification)
D5934 Mandibular resection Prosthesis w/guide flange
D5935 Mandibular resection Prosthesis w/out guide flange
D5936 Obturator Prosthesis (interim)
D5937 Trismus Appliance
D5951 Feeding Aid
D5952 Speech Aid prosthesis (pediatric)
D5953 Speech Aid prosthesis (adult)
D5954 Palatal Augmentation Prosthesis
D5955 Palatal Lift Prosthesis (definitive)
D5958 Palatal Lift Prosthesis (interim)
D5959 Palatal Lift Prosthesis (modification)
D5960 Speech Aid Prosthesis (modification)
D5982 Surgical Stent
D5983 Radiation Carrier
D5984 Radiation Shield
D5985 Radiation Cone locator
D5987 Commissure Splint
D5988 Surgical Splint
D7285 Biopsy of oral tissue (hard)
D7286 Biopsy of oral tissue (soft)
D7410 Lesion up to 1.25 (benign)
D7411 Lesion greater than 1.25 (benign)
D7412 Complicated lesion (benign)
D7413 Lesion up to 1.25 (malignant)
D7414 Lesion greater than 1.25 (malignant)
D7415 Complicated lesion (malignant)
D7440 Lesion diameter up to 1.25 (malignant)
D7441 Lesion diameter greater than 1.25 (malignant)
D7460 Removal of Benign lesion up to 1.25
D7461 Removal of Benign lesion greater than 1.25
D7465 Destruction of lesion (by report)
D7490 Radical resection upper/lower

D7530 Removal of foreign body
D7540 Removal of reaction producing the foreign body
D7550 Partial Osteotomy
D7560 Maxillary Sinusotomy
D7610 Upper open reduction
D7620 Upper closed reduction
D7630 Lower open reduction (simple)
D7640 Lower closed reduction (simple)
D7650 Open reduction (simple)
D7660 Closed reduction (simple)
D7670 Alveolus closed reduction (simple)
D7671 Alveolus open reduction (simple)
D7680 Facial bones (simple)
D7710 Upper open reduction (compound)
D7720 Upper closed reduction (compound)
D7730 Lower open reduction (compound)
D7740 Lower closed reduction (compound)
D7750 Malar and/or zygomatic arch open red.(compound)
D7760 Malar and/or zygomatic arch closed red.(compound)
D7770 Alveolus open red.(compound - stabilization of teeth)
D7771 Alveolus closed red. (compound – stabilization of teeth)
D7780 Facial bones (compound)
D7810 TMJ open reduction
D7820 TMJ closed reduction
D7830 TMJ manipulation
D7840 Condylectomy
D7850 Surgical discectomy
D7852 Disc repair
D7854 Synovectomy
D7856 Myotomy
D7858 Joint reconstruction
D7860 Arthrotomy
D7865 Arthroplasty
D7870 Arthrocentesis
D7871 Non-Arthroscopic
D7872 Arthroscopy with or without a biopsy
D7873 Arthroscopy surgical adhesions
D7874 Arthroscopy surgical disc
D7875 Arthroscopy surgical synovectomy
D7876 Arthroscopy surgical discectomy
D7877 Arthroscopy surgical debridement
D7911 Complicated sutures up to 5 cm.
D7912 Complicated sutures greater than 5 cm.
D7920 Skin graft
D7940 Osteoplasty deformities
D7941 Osteotomy lower rami
D7943 Osteotomy lower rami with bone graft
D7944 Osteotomy segmented

D7945 Osteotomy body of mandible
D7946 Lefort I upper total
D7947 Lefort I upper segmented
D7948 Lefort II or Lefort III without bone graft
D7949 Lefort II or Lefort III with bone graft
D7950 Bone graft - mandible or face
D7955 Repair of Maxillofacial soft or hard tissue
D7980 Sialolithotomy
D7981 Excision of salivary gland
D7982 Sialodochoplasty
D7983 Closure of salivary fistula
D7990 Emergency tracheotomy
D7991 Coronoidectomy
D7995 Synthetic graft
D7996 Implant lower for augmentation purposes